

**Open Report on behalf of Heather Sandy, Executive Director - Children's Services**

Report to:	<b>Executive</b>
Date:	<b>05 April 2022</b>
Subject:	<b>Single Section 75 Agreement for Children and Young People's Mental Health Services and Council Funding</b>
Decision Reference:	<b>I025505</b>
Key decision?	<b>Yes</b>

**Summary:**

The purpose of this report is to seek agreement from the Executive to:

- Establish a new single Section 75 (s75) commissioning arrangement for children and young people's (CYP) mental health services from September 2022, involving the pooling of budgets with NHS Lincolnshire Clinical Commissioning Group (CCG)/Integrated Care Board (ICB) and the Council being lead commissioner of CYP mental health services.
- Establish a new single s75 Agreement with Lincolnshire Partnership NHS Foundation Trust (LPFT) for the carrying out of the Council's delegated functions in relation to CYP mental health.
- Approve the Council's financial investment in CYP mental health services.
- Confirm support for a review of CYP mental health services, resulting in a programme of transformation.

In October 2017, the Council worked with LPFT to develop the new Healthy Minds Lincolnshire service (HML) to provide emotional wellbeing support in and around schools including promotion, prevention and early intervention support for CYP. Prior to this, there was a gap in support for children with emotional wellbeing concerns that did not meet the threshold for Child and Adolescent Mental Health Service (CAMHS). HML is commissioned through a Partnership Agreement made under s75 of the NHS Act 2006. The current agreement is due to end on 31 August 2022. The Council funds the service, and the current value is £2.m per annum; £1.m is funded from the Public Health Grant and £1.m from the High Needs Block of the Designated Schools Grant (DSG).

Since HML was first commissioned, the CCG in partnership with LPFT and the Council have successfully bid to NHS England (NHSE) for Mental Health Support Teams (MHSTs). MHSTs are a new nationally prescribed model of emotional wellbeing and mental health support in schools and colleges which is part of the national drive to

improve access to mental health care for CYP as set out in the NHS Long Term Plan (LTP). Lincolnshire currently has four MHSTs and has been successful in securing four additional MHSTs to be rolled out by 2024/25. MHSTs are currently funded by NHSE and by 2024/25 are expected to cost just under £2.5m per annum and will cover approximately 50% of the county. Funding is currently in place until the end of March 2024 with the potential of a further five years of funding subject to the Government spending review. What will happen in terms of further roll-out of MHSTs and ongoing funding for existing MHSTs and more beyond 2024/25 is currently unknown.

Since HML was established there has been a significant increase in CYP with Special Educational Needs and/or Disabilities (SEND); this is a national picture although increases have been higher in Lincolnshire. The Council has many statutory duties relating to CYP with SEND and the High Needs Block of the DSG is now under significant pressure because of additional funding needed to meet this increased demand. This report recommends a phased diversion of £1.m funding for HML back to the DSG. The £1.m funding for HML from the Public Health Grant is recommended to continue.

This report also recommends combining the current s75 Partnership Agreements with LPFT (one for HML and MHSTs and one for CAMHS) into a new single agreement: simplifying governance, funding and commissioning arrangements. A new s75 Agreement with the CCG would also commence from 1 September 2022 to pool all Council and CCG funding towards CYP mental health services.

#### **Recommendation(s):**

That the Executive approves:

1. The entering into of a new s75 Agreement with NHS Lincolnshire CCG/ICB from 1 September 2022 for up to five years:
  - to pool all Council and CCG/ICB funding in relation to CYP mental health services; and
  - for the Council to act as lead commissioner for all Lincolnshire CYP mental health services (CAMHS, MHSTs and HML).
2. The entering into of a new single s75 Agreement with LPFT from 1 September 2022 for up to five years to deliver the functions delegated to the Council in relation to Lincolnshire CYP mental health services.
3. Continuing to invest recurrently in CYP mental health services to the amount of £1,724,589 per annum as follows:
  - £1.m from the Public Health Grant towards continuation of HML to deliver whole population CYP mental health promotion, prevention and training and early intervention; and
  - £724,589 into CAMHS for specialist CYP mental health support in relation to the Council's statutory duties, ensuring the emotional wellbeing and mental health of CYP, particularly those in care.

4. Working jointly with the CCG/ICB and LPFT to review early intervention support provided by HML and MHSTs and agree a hybrid approach that allows the tapering of £1.m p/a Council funding from the DSG alongside the increasing investment and coverage of NHS funded MHSTs in Lincolnshire.
5. Delegation to the Executive Director of Children's Services in consultation with the Executive Councillor for Children's Services, Community Safety and Procurement and working with the Lincolnshire CCG/ICB, of the authority to approve the final form of any agreements, the profile of funding diversion, the hybrid model of HML/MHSTs and allow them to make future decisions about the future model and use of funding over the five years of the new s75 agreement.

#### Alternatives Considered:

1. Extend the current s75 partnership arrangements  
Under current decision-making, the Council could continue to extend the current s75 arrangements for CAMHS, without any changes, up until 31 March 2025. However, a new decision would need to be taken on the continuation of the s75 agreement with LPFT for HML and MHSTs, which cannot be extended past 30 September 2022. Extending the agreements under separate contractual arrangements would not support the future intentions for integration and transformation, nor would it allow any of the benefits that would come of having single governance and contract management arrangements covering all CYP mental health services.
2. Enter into two new separate s75 arrangements for CAMHS and HML/MHSTs  
Instead of entering into a new single commissioning arrangement for all CYP mental health services, the Council could keep these new agreements separate. This would keep delegation of NHS statutory duties for specialist CAMHS support separate from arrangements for early intervention and preventative support in schools/colleges (HML/MHSTs). However, separate arrangements would continue to make transformation and integration of these services more difficult. It would also not support fluid movement of resources (staff and funding) across services, nor would it help to simplify governance arrangements and contract management processes.
3. Maintain current level of Council funding towards HML of £2.m p/a  
The Council could continue to fund HML at the current amount of £2.m p/a, either from existing funding streams (50% Public Health Grant/50% DSG) or alternative budgets. This would support continued investment in early intervention services and growth in access to CYP mental health support in line with the NHS LTP, rather than trying to seek additional funding through the NHS. It would also still allow the transformation of early intervention support to remove any duplication across HML/MHSTs, without needing to address a cost pressure. However, it would not allow the Council to support CYP with SEND via the DSG to the extent necessary based on current demand if this was identified as the continued funding stream. This would also not support the Lincolnshire Schools' Forum's recommendation. This option does not recognise the responsibility of the CCG/ICB to fund early intervention CYP mental health support or provide incentive for the CCG/ICB to increase investment in line with the NHS LTP ambitions.

4.	<p><u>Divert all HML Council funding, including £1.m Public Health Grant funding</u></p> <p>Rather than continuing to invest £1.m per annum in HML to deliver its Public Health Duties around CYP mental public health, the Council could also divert this funding back to the Public Health Grant. However, it is unlikely without a joint partnership approach and investment that the CCG/ICB would continue to invest in HML, particularly at the current level of £2.m p/a. If the service were to cease or be refocused by the CCG/ICB, the Council may have to identify another way to deliver against its CYP public mental health responsibilities and Lincolnshire would lose a valued and well-used provision, leaving Lincolnshire without a county-wide CYP mental health/emotional wellbeing early intervention offer. This decision would also require consultation and would pose a significant risk of challenge.</p>
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### **Reasons for Recommendation(s):**

There are several reasons that support the recommendation for entering into a new single s75 partnership commissioning arrangement for CYP mental health services from September 2022 outlined in this report, in summary:

- The Council will be able to work with Lincolnshire's NHS commissioning body to manage under one agreement any new investment or transformation arrangements and share additional funding for CYP mental health services much more easily, such as are often requested by NHSE and delegated to the Council by the CCG to action with LPFT in relation to commissioning and delivery of CYP mental health services.
- A single s75 Agreement will also allow streamlined governance arrangements and contract management processes.
- This single s75 arrangement will allow flexibility as a system to integrate and modify services to respond to service improvements.
- The Council would still have the contractual ability to not extend the agreement beyond the initial term (2025) or to serve notice without fault if there is a change in circumstances that warrants the agreement ending.

Agreeing continuation of £1.m Public Health Grant funding towards HML as well as a phased diversion of £1.m back to the High Needs Block of the DSG will:

- Ensure the service can continue to support the Council's Public Health duties regarding children's mental health promotion and prevention.
- Significantly help towards reducing the pressure on the DSG as a result of increasing numbers of CYP with Education, Health and Care Plans (EHCP).
- Allow the Council to meet its statutory obligations in relation to SEND.
- Support a phased transition of early intervention services (HML/MHSTs).

Working in partnership with LPFT to develop a hybrid model for Lincolnshire across HML and MHSTs will help to ensure that:

- The diversion of the DSG funding contribution for HML, alongside the roll-out of MHSTs, does not have a detrimental impact on providing preventative/early intervention emotional/mental health support to CYP.
- We minimise or eliminate any wastage due to duplication in what HML and MHSTs deliver to CYP in regard to low-level Cognitive Behavioural Therapy

(CBT) for low to moderate emotional/mental health concerns.

- We can continue to offer a similar level of service county-wide, maximising the available resources and delivering against the Council's Public Health duties regarding children's mental health.
- Lincolnshire does not lose the expertise of any valuable staff in the workforce, instead seeking opportunities for them to be re-deployed elsewhere within the wider CYP mental health services.

A wholesale review and transformation of CYP mental health services will:

- Allow partners to fully understand the impacts of the pandemic on CYP mental health services, including newly highlighted health inequalities.
- Enable clear, coordinated, and prioritised planning for longer-term transformation of CYP mental health services in Lincolnshire and co-produce services that will deliver better outcomes for more of our CYP.

## 1. Background

1.1. *Half of all life-long mental health problems in the UK start before the age of 14 and three quarters start before the age of 25. Today's children and young people are considered to have worse mental health outcomes compared to previous generations, and in addition the Covid-19 pandemic has had a significant detrimental impact on some children's mental health (Children's Commissioner, 2021; State of Child Health, 2020).*

1.2. The following services covered in this report include:

Service	Commissioner	Provider
<b>Child and Adolescent Mental Health Services (CAMHS)</b>	Joint arrangements between NHS Lincs CCG (CCG) and Lincolnshire County Council Children's Services	Lincolnshire Partnership NHS Foundation Trust (LPFT)
<b>Mental Health Support Teams (MHSTs) – funded through NHSE</b>		
<b>Healthy Minds Lincolnshire Service (HML)</b>	Lincolnshire County Council Children's Services	

### Statutory Duties

1.3. The Council does not have a direct statutory duty to commission or provide children's mental health services but through current delegated responsibilities, the Council has taken on authority from the CCG to exercise the CCG's statutory function to commission CAMHS in Lincolnshire.

1.4. The Council does not have a statutory duty to commission MHSTs or HML, however these services support a wide range of other statutory requirements that are specific to the Council and the delivery of recommendations made in national policies, in particular:

- The NHS Act 2006 (Section 2B), which places duties on local authorities in relation to improving the health of its local population.
- The Children Act 1989, Section 22(3)(a) as amended by Section 52 of the Children Act 2004, which places duties on local authorities to look after children (LAC), including the duty to safeguard and promote their welfare (including physical, emotional and mental health).
- Health and Social Care Act 2012, which places duties on local authorities in relation to addressing health inequalities of CYP.
- These services also enable the Council to deliver its Public Health duties regarding children's mental health promotion and prevention, suicide prevention, and improving lives, supporting recovery and inclusion of people living with mental health problems.

### **Current Commissioning Arrangements**

- 1.5. Lincolnshire has often been ahead of other areas nationally in ensuring CYP's mental health is prioritised, with a key focus on early intervention. Lincolnshire also has mature formal joint commissioning arrangements with health commissioners.
- 1.6. **CAMHS** is funded through a pooled budget between the CCG and the Council, and commissioned by the Council from LPFT.
- 1.7. There are currently two contractual arrangements in place that relate to the commissioning of CAMHS both of which are currently agreed until 31 August 2022:
  - i) An agreement (made under s75 of the NHS Act 2006) between the Council and CCG. This agreement allows funding for CAMHS to be pooled and delegates lead commissioning responsibility to the Council.
  - ii) An agreement (made under s75 of the NHS Act 2006) between the Council and LPFT under which LPFT exercises the Council's functions in the areas of specialist CAMHS and a range of related children's services which are the responsibility of the Council.
- 1.8. The CAMHS s75 agreement with LPFT also includes delivery of Lincolnshire's Framework for Integrated Care/Complex Needs Service. This is funded by NHSE (Health and Justice), which is passed directly to the Council under a Memorandum of Understanding; £500,000 in 2021/22, £800,000 in 2022/23 and £1,100,000 in 2023/24.
- 1.9. The current total funding towards CAMHS in 2021/22 is just under £10.6m:
  - £6,712,574 – Recurrent core funding from the CCG
  - £724,589 – Recurrent core funding from the Council
  - £410,770 – Recurrent inflationary increase from the CCG for 2015-2020
  - £109,940 – Recurrent inflationary increase from the CCG from 2021/22
  - £1,043,000 – Recurrent CCG Service Development Funding investment
  - £943,200 – Non-recurrent CCG Spending Review funding for 2021/22
  - £650,000 – Non-recurrent NHSE (Health and Justice) funding towards the Framework for Integrated Care/CYP Complex Needs Service.

- 1.10. The current s75 agreement with the CCG pools the funding listed in 1.9 above, except the £650,000 NHSE (Health and Justice) funding which is passed directly from NHSE via a Memorandum of Understanding agreement. The CCG s75 agreement also includes funding for MHSTs (see 1.17) and a contribution from the CCG towards emergency residential beds in Lincolnshire.
- 1.11. **HML** has been commissioned by the Council since October 2017. The Council delegated its functions in as far as they relate to HML to LPFT through a Partnership Agreement (made under s75 of the NHS Act 2006). This agreement has been extended to 31 August 2022. There is the option to extend the agreement to a maximum period of 30 September 2022.
- 1.12. The current annual value of the agreement is £2.m, with £1.m of the funding being from the High Needs Block of the DSG, which is under significant pressure and the other £1.m funded through the Children's allocation of the Public Health Grant.
- 1.13. The commissioning of the service is supported by Lincolnshire Schools' Forum and the Lincolnshire Learning Partnership.
- 1.14. The CCG in partnership with LPFT have successfully bid to NHSE for **MHSTs** in Lincolnshire. The table below shows the timeline of the current MHSTs:

MHSTs	Jan to Dec 2020	Jan to Dec 2021	Jan to Dec 2022	Jan to Dec 2023	Jan 2024 onwards
<b>Lincoln and Gainsborough (Wave 2)</b>	Training year	Begin to embed through becoming fully operational	Fully embedded	Fully funded	Funded to end of March 2024. Funding from April 2024 onwards TBC
<b>Boston and Skegness (Wave 4)</b>		Training year	Begin to embed through becoming fully operational	Fully Embedded	Funded to end of March 2024. Funding from April 2024 onwards TBC

- 1.15. Lincolnshire submitted a third multi-year bid for further MHSTs, but not all were agreed by NHSE nationally. However, NHSE has confirmed that Lincolnshire has been successful in securing four additional MHSTs, the timescales for which are set out below. Further confirmation of this along with anticipated funding for each of the MHSTs during the first two years and beyond is yet to be confirmed/agreed.

Future MHST Wave	Number of Additional MHSTs	MHST Training Year	MHST Begin to Embed	MHSTs Fully Embedded from
<b>Wave 7 (Spalding)</b>	1	September 2022	September 2023	September 2024
<b>Wave 8 (Grantham and Sleaford)</b>	2	January 2023	January 2024	January 2025
<b>Wave 10 (TBC*)</b>	1	January 2024	January 2025	January 2026

*\*Based on areas of need that meet MHST criteria this is anticipated to be either Louth and the surrounding area or south of Lincoln (within North Kesteven).*

1.16. Delivery of MHSTs is currently part of the HML s75 Partnership Agreement with LPFT. MHSTs are funded directly by NHSE, which is passed to the CCG and then to the Council as part of the CAMHS s75 pooled budget arrangements (this does not currently include any of the HML funding).

1.17. The anticipated overall value of the MHSTs funding from NHSE is outlined below. There is a commitment for MHSTs to continue as part of the NHS LTP. NHSE has a funding settlement for five years up until 2023/2024 financial year, and a further five years based on the Spending Review; the funding allocation for Lincolnshire to the 2023/24 financial year has been set out by NHSE and confirmed by the CCG. This is in line with the five years funding settlement up until 2023/24. Any funding for a further five years will be dependent on the outcome of the Spending Review.

MHSTs	19/20 FY	20/21 FY	21/22 FY*	22/23 FY*	23/24 FY*	Total*
<b>Lincoln and Gainsborough (Wave 2)</b>	£93,018	£347,386	£736,274	£751,000	£766,020	<b>£2,693,698</b>
<b>Boston and Skegness (Wave 4)</b>	-	£147,734	£510,677	£741,759	£756,594	<b>£2,156,764</b>
<b>Wave 7 (1)</b>	-	-	-	£126,761	£366,919	<b>£493,680</b>
<b>Wave 8 (2)</b>	-	-	-	£108,652	£511,426	<b>£620,078</b>
<b>Wave 10 (1)</b>	-	-	-	-	£54,326	<b>£54,326</b>
<b>Total</b>	<b>£93,018</b>	<b>£495,120</b>	<b>£1,246,951</b>	<b>£1,728,172</b>	<b>£2,445,285</b>	<b>£6,018,546</b>

*\*Indicative funding from NHSE as based on an assumed 2% uplift per annum.*

1.18. The current commissioning arrangements for Lincolnshire's CYP mental health services are arguably overly complex and bureaucratic and can be restrictive in trying to obtain a single overview of all CYP services provided by LPFT. All partners want to explore a more streamlined commissioning arrangement.

### **Future Commissioning Proposals**

1.19. This report proposes entering into the following agreements from 1 September 2022 for up to five years:

- A new s75 agreement with the CCG/ICB to pool all Council and NHS funding in relation to CYP mental health services (CAMHS, MHSTs and HML) and for the Council to act as lead commissioner for these services.
- A new single s75 agreement with LPFT for the provision of HML, MHSTs and CAMHS (including the CYP Complex Needs Service).

1.20. The new single s75 agreement with LPFT would be a consolidation of the two current s75 agreements but will focus more on delivery against outcomes across all levels of CYP mental health provision, and allow LPFT the flexibility, in partnership with commissioners, to transform services and pathways to better meet the needs



of CYP and families, improve access and further limit any gaps that could result in CYP not receiving support.

- 1.21. In addition, a single s75 partnership arrangement will simplify governance and contract management arrangements, making it easier to have discussions with the provider and key partners that look across the breadth of CYP mental health services, with clearer reporting of KPIs and outcomes, ultimately allowing the system to further improve and streamline services.
- 1.22. It is good practice for the Council to inform Lincolnshire Schools' Forum when key decisions are to be made on central spend to High Needs Block provision and a report was presented to the Forum on 20 January 2022 and all recommendations regarding HML were fully supported in line with this report.

### **Service Overview and Performance**

- 1.23. **CAMHS** consists of the following main services:

- Core CAMHS – direct intervention including 1:1 support, group intervention and self-help delivered by a range of professionals such as mental health nurses, psychiatrists, and psychologists. Treatment is for moderate to severe concerns including but not limited to depression, anxiety, post-traumatic stress disorder, trauma, self-harm. Young people are supported with transition to adult mental health services as required.
- Community Eating Disorder Service (EDS) – interventions for CYP with Anorexia Nervosa, Bulimia, binge eating and atypical eating disorders.
- CAMHS Learning Disabilities Team – direct specialist interventions for CYP suffering with mental health problems who have a diagnosed learning disability.
- CAMHS Crisis and Enhanced Treatment Team (CCETT) – 24/7 crisis response and intensive home treatment for CYP in crisis to prevent inpatient admissions or support CYP coming out of inpatient services.
- CYP Complex Needs Team – an expansion of the Future4Me Health Team, this new team is currently being implemented on a phased approach by 2023/24 and will work alongside Early Help, Social Care and other services to support the mental health and wellbeing of our CYP with complex needs and trauma, including children in care, fostering or kinship arrangements, adopted children, those with complex health needs and children living in vulnerable households e.g. socio-economic disadvantage, parents with mental health problems etc.

- 1.24. **HML** supports mild to moderate emotional wellbeing/mental health needs of CYP aged 0-19 years (25 SEND and/or Care Leaver). The service works closely in and around schools and is focussed on early intervention and the prevention of emotional wellbeing concerns escalating to mental health issues. The service promotes positive CYP mental health in schools and other settings, provides training to future teachers and childcare providers, offering training workshops to children's services workforce, and delivers group workshops to CYP on key mental health topics. The service also provides a range of direct interventions to CYP.

- 1.25. **MHSTs** are a new nationally prescribed model of emotional wellbeing support in schools and colleges which is part of the national drive to improve access to mental health care for CYP as set out in the NHS LTP. MHSTs support school aged CYP from age 5 to 18 years.
- 1.26. Each team must consist of four Education Mental Health Practitioners (EMHPs) and deliver three core mandatory functions:
- Evidence-based interventions for CYP with mild to moderate mental health problems.
  - Supporting an identified senior mental health lead in each education setting to introduce or develop their whole setting approach to positive mental health and emotional wellbeing.
  - Giving timely advice to education settings staff and liaising with external specialist services to help CYP to get the right support and stay in education.
- 1.27. Currently each team must cover a population of at least 8,000 CYP (reducing to 7,000 CYP for future waves). Once fully operational (two years post commencement) each MHST should support 500 CYP per 8,000 CYP (c. 6.25%).
- 1.28. Education Settings and School Number on Roll (NOR) Coverage (May 2021 Schools Census) of MHSTs in Lincolnshire:

MHSTs Waves	Number of Education Settings	Number of Lincolnshire Schools and Academies	NOR (5 to 18 years) coverage for Lincolnshire Schools and Academies	Approx % of NOR of Lincolnshire Schools and Academies*
<b>Wave 2</b>	48	45	13,222	12%
<b>Wave 4</b>	49	48	13,152	12%
<b>Wave 7</b>	24*	23*	7,170*	7%*
<b>Wave 8</b>	40*	39*	14,499*	13%*
<b>Wave 10</b>	24*	24*	7,000*	6%*
<b>Total</b>	<b>185</b>	<b>179</b>	<b>55,043*</b>	<b>50%*</b>

\*TBC

- 1.29. LPFT's mental health services for CYP are rated outstanding by the Care Quality Commission (CQC) (2020) and pre-pandemic data showed that the innovative HML model was delivering positive outcomes for CYP in Lincolnshire:
- **When CYP needed support, they were helped quickly.** Since 2018, 96% of CYP waited less than four weeks to access support from HML and 68% were seen in less than two weeks.
  - **Most CYP were recovering well and maintaining their emotional wellbeing after discharge from HML.** In 2019/20, 88% of CYP that completed HML treatment needed no further support or could be stepped back to universal services. In 2020/21, this was 86%. In both years only 2% of CYP's needs escalated and required access to CAMHS. The average re-referral rate since 2018 was 7%.

- **Prior to the Covid-19 pandemic, Lincolnshire had not experienced the same increases in CAMHS referrals as nationally projected indicating HML preventative support was working.** Since 2018 and before the pandemic, overall referrals to CAMHS had remained reasonably constant and dropped by 5% in 2019/20; urgent referrals to CAMHS had reduced by 6%.
- **Lincolnshire had less CYP needing inpatient care.** Lincolnshire in-patient hospital admissions for mental health (0-17 years) have reduced from 68.9 per 100,000 population in 2017 to 58.4 per 100,000 in 2019. Nationally hospital admissions rose to 88.3 per 100,000 in 2019.

1.30. Throughout the Covid-19 pandemic, CAMHS, HML and MHSTs have worked together undertaking rapid innovation and expansion of virtual mental health support available to CYP, parents/carers and education settings:

- **Despite reports of extremely long waits nationally for CAMHS, Lincolnshire CAMHS did not see the same scale of problem.** At the beginning of the first lockdown in March 2020, 85% of CYP with routine referrals were assessed within six weeks and the average routine wait for Core CAMHS increased to 8.4 weeks; by the end of the year (March 2021), despite an increase in both the number and acuity of referrals, 93% of assessments were carried out within six weeks.
- Data for 2020/21 shows that 92% of CYP in crisis received an emergency telephone response within four hours (above the national figure of 83%). **The average emergency wait time for 2020/21 was 1.4 hours (better than the national comparison of 11 hours).**
- The most recent CAMHS data is telling us that compared to national data during the pandemic and up to July 2021:
  - The increase in referrals in Lincolnshire was comparable to national increases.
  - **Significantly more Lincolnshire patients also consistently received a clinical contact each month (65%) compared to the national average (50%); this means that Lincolnshire CAMHS provided clinical support to more of their patients each month than other CAMHS nationally.**
  - 42% of clinical contacts were **face-to-face: slightly less than the national average (45%).**
  - 22% of **non-face-to-face clinical contacts were digital – video/skype: 5% higher than the national average (17%);** the remaining 36% were telephone or text.
  - Although national reporting for 2020/21 is not yet available, feedback through national forums indicates an increase in the numbers of CYP admitted to inpatient units for their mental health, however **Lincolnshire CAMHS CCETT has continued to support CYP and their families in the community and the number of Lincolnshire inpatient CYP has remained low** during the pandemic (10 inpatient CYP in March 2020 and 10 in January 2022), despite an increase in the acuity of CYP in crisis.

- 1.31. The NHS confederation recently published a report (Reaching the Tipping Point) on the impact of the pandemic on CYP's mental health. Before the pandemic, the prevalence of mental disorders in CYP aged 5 to 16 was already increasing from 1 in 9 (2017) to 1 in 6 (2020). Anxieties caused by lockdowns, school closures, isolation from peers, bereavement, and the stresses on families have increased pressures. Nationally, frontline mental health services report a large increase in CYP needing help but not meeting referral criteria for specialist CAMHS. CYP are then potentially storing up problems for the future. Demand modelling suggests that 1,500,000 CYP may need new or additional mental health support as a result of the pandemic.
- 1.32. In Lincolnshire, despite a lot of positive support during the pandemic, which performance data can attest to, local services continue to see referrals increase and staffing capacity is an issue. Waiting times from assessment to first treatment are becoming a concern, particularly for more specialist interventions such as specialist eating disorder services, and sadly in 2021 there have been six children that have died through suspected suicide, which is higher than the one to two per year previously.
- 1.33. This makes the need to review services imperative in consideration of the medium/longer term impact of the pandemic. Services need re-shaping with the right investment to cope with increasing demands.

#### **Future Funding Proposals**

- 1.34. The Council's recurrent contribution towards **CAMHS** is currently £724,589; it is not proposed that any change is made to this amount. Future NHS funding will be agreed annually in line with the NHS allocations process. It is hoped that recurrent NHS funding will continue to increase annually in line with NHS LTP priorities around CYP's mental health.
- 1.35. NHSE (Health and Justice) funding towards the Framework for Integrated Care/Complex Needs Service is planned at £500,000 in 2021/22 (with an additional £150,000 funding carried forward), £800,000 in 2022/23 and £1,100,000 in 2023/24. Funding beyond this is still to be agreed nationally, although the programme is a 10-year Framework to 2030.
- 1.36. Funding for the currently planned waves of **MHST** roll-out (detailed above) is confirmed until the end of March 2024. Whether this funding will continue to be available from NHSE or passed to the CCG is yet unknown, as is any funding for further roll-out of MHSTs beyond 2025. Since this is purely funded through the NHS there are no implications for the Council's budgets, unless it is announced that all MHST NHS funding will cease from 2025. In which case there may need to be system-wide discussion about ongoing funding of school-based, early intervention CYP mental health support.
- 1.37. **HML** receives £1.m funding from the Children's allocation of the Public Health Grant, and in 2017 the Council, supported by Lincolnshire Schools' Forum, agreed to match

the funding and invest £1.m from the High Needs Block of the DSG. This was to meet the significant gap in schools being able to access low to moderate support for pupils who did not meet CAMHS thresholds.

1.38. The £1.m funding for HML from the Children's allocation of the Public Health Grant is proposed to continue.

1.39. Since 2017 the roll-out of MHSTs was announced and has commenced in Lincolnshire; an offer which partially duplicates the HML offer, particularly direct interventions for low to moderate emotional/mental health delivered in schools. In addition, the High Needs Block of the DSG is now under significant pressure and the Council has statutory obligations it must fulfil with this budget whereas HML is not a statutory Council service.

1.40. The Council will need to work with LPFT to consider how, as further MHSTs are rolled-out in Lincolnshire, the £1.m DSG funding can be diverted back to reduce the funding pressure. The target timescale for diversion of the DSG funding is by the end of March 2024 and assumes that continued NHS funding is confirmed for MHSTs beyond the end of March 2024. The proposed phased diversion is as follows:

Financial Year	Diversion of DSG funding (annual)	Diversion of DSG funding (cumulative)	Total HML Council funding
2022/23 – Sept 22 to Apr 23	£140,000*	£140,000	£1,026,667
2023/24	£360,000	£500,000	£1,500,000
2024/25	£500,000	£1,000,000	£1,000,000

*\*Based on MHST coverage of 12%; 12% of £2.m is £240k, £140k represents 7/12ths.*

1.41. The Council is currently working closely with the CCG to identify if funding can be sought elsewhere in the system to match diversion of DSG funding.

1.42. It is proposed that a new pooled budget and lead commissioning s75 Agreement with the CCG will start from September 2022, and will include:

- Council recurrent contribution towards CAMHS (£724,589)
- Recurrent and non-recurrent funding from the CCG towards CAMHS, including new investment as part of the NHS LTP (TBA)
- CCG contribution towards emergency residential beds in Lincolnshire
- Funding for MHSTs (see 1.17)
- Council ongoing Public Health Grant investment in HML (£1.m if agreed)
- Potential CCG funding towards HML (up to £1.m if agreed)

### **Interim Review and Modelling of Prevention and Early Intervention Support**

1.43. Partners are committed to ensuring that the diversion of the DSG funding contribution for HML, alongside the ongoing roll-out of MHSTs, does not have a detrimental impact on providing preventative support and early intervention emotional wellbeing and mental health support to CYP.

- 1.44. There is a degree of duplication in what HML and the new MHSTs deliver in regard to low-level Cognitive Behavioural Therapy (CBT) for low to moderate emotional/mental health concerns in schools and colleges. Whilst Lincolnshire's locally designed HML service was able to operate county-wide for £2.m per annum, the estimated ongoing cost of eight MHSTs (covering 50% of the county) is £2.5m.
- 1.45. As previously mentioned, the MHST model is fairly prescriptive, and not altogether conducive to a large rural county like Lincolnshire. With the further roll-out and future funding beyond 2025 unclear, an interim hybrid solution is needed locally that continues to offer a similar level of service county-wide, maximising the available resources and minimising any duplication or wastage. This hybrid model must also deliver against the Council's Public Health duties regarding children's mental health promotion and prevention, through awareness, training and building resilience.
- 1.46. Further to this, it is hoped that through discussions with LPFT and Lincolnshire CCG, the Lincolnshire system can find funding for HML to replace the £1.m DSG funding, allowing current investment overall to be maintained whilst national investment increases. However, if this is not possible, by developing an agreed hybrid model, partners can develop a countywide offer that may change but will seek to utilise the existing workforce across a wider range of services and not reduce this. Overall funding for CYP mental health is still expected to increase by 2024/25 even if the proposed £1.m contribution of DSG funding is not replaced as investment from the NHS is expected to increase.
- 1.47. We need to ensure that Lincolnshire does not lose the expertise of any valuable staff in the workforce, instead seeking opportunities for them to be re-deployed elsewhere within the wider CYP mental health services, including MHSTs where possible.
- 1.48. Partners will be planning, designing, and implementing the hybrid HML/MHST approach by September 2022, alongside the commencement of the new single s75 agreement. Approval of the final details regarding the new hybrid model and its implementation from September 2022, is requested to be delegated to the Director of Children's Services in consultation with the Executive Councillor for Children's Services, Community Safety and Procurement.

### **Future Review and Transformation Planning**

- 1.49. Prior to the Covid-19 pandemic a review of CYP mental health services in Lincolnshire had commenced and some clear themes were already emerging:
- Improving access through an **integrated pathway that manages referrals**, assessments, and front-line support for all emotional, behavioural and mental health concerns.
  - Working together as part of an **integrated multi-disciplinary offer** to ensure that CYP get the right support from the right professional(s) without needing to be referred to multiple services.

- Enhancing **universal support to parents/carers**, to identify risk factors early and provide effective support to empower and improve their ability to meet their child's needs.
- CYP, families and professionals need access to a **range of non-intervention support** – prevention, advice, signposting, consultation, digital information etc.
- Recognising **that schools should continue to play a key role in promoting and supporting emotional wellbeing and mental health** and often just need advice and guidance from services. Continue to provide whole-school, trauma-informed and solutions focused approaches so that CYP are supported consistently across the Lincolnshire workforce.
- Building **teams around local communities** that understand and can respond to their population needs, education settings and primary care communities to best support professionals and CYP/families, from prevention through to specialist support.
- **Investing in our workforce and developing skills** in Lincolnshire to deliver a **wide range of therapies** and approaches to support. Recognising that CBT is not for all children, particularly those with Autism or learning difficulties, and increasing use of family therapies, play or art therapies etc. where needed.

1.50. Starting in 2022, Lincolnshire will undertake a wholesale review and transformation programme of CYP mental health services, led by the Council working in partnership with NHS Lincolnshire CCG, LPFT and wider ICS (Integrated Care System) colleagues.

1.51. This review will allow us to fully understand the impacts of the pandemic on CYP mental health services, including health inequalities, enhanced digital offers, and plan for longer-term transformation of these services in Lincolnshire to better meet the needs of CYP, families and professionals and co-produce services that will deliver better outcomes for more of our CYP.

## 2. Legal Issues:

### NHS Bodies and Local Authorities Partnership Arrangements Regulations 2006

Under the above Regulations the Council may enter into partnership arrangements under section 75 as long as those arrangements are likely to lead to an improvement in the way in which the functions included in the arrangements are exercised.

The arrangements in question have been proven over a number of years to improve services relating to CYP mental health. The proposals in this Report build on that to enable greater integration and more streamlined governance.

Under the Regulations there is a requirement on the Council and the CCG/ICB and LPFT to jointly consult with such persons as appear to them to be affected by the arrangements.

Consideration has been given to this but as the proposals represent a technical adjustment in the way that the arrangements work rather than a fundamental change to

the arrangements themselves there are not considered to be any people affected by the proposals so as to require consultation.

### Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.



The recommendation to divert funding from HML back into the DSG will ultimately benefit the wider CYP population with SEND in Lincolnshire. Any impact on services will be considered and mitigated as part of the review of HML and MHSTs to ensure that we continue to deliver an equitable service across Lincolnshire. The Council is currently working with the wider NHS system in Lincolnshire to consider whether funding can be found elsewhere to replace the diverted funding, which will negate any impact of diverting this funding. Otherwise, planned investment by NHSE in rolling-out further MHSTs means that by 2024/25 more money will have been further invested in CYP mental health services in Lincolnshire than is being diverted back to supporting CYP with SEND.

The recommendations in this report to enter into a single s75 Partnership Agreement with LPFT to deliver CAMHS, MHSTs and HML and to pool all CYP mental health funding with the CCG through another s75 Agreement will not affect equality for service users.

An Equality Impact Assessment will be undertaken as part of the wider review of CYP mental health services and will consider any changes required to transform services in Lincolnshire. These changes and any resulting potential impacts will be subject to further decision-making and any equality considerations will be taken into account in those reports.

#### Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) in coming to a decision.

CYP Mental Health and Emotional Wellbeing is a topic within the Lincolnshire JSNA and a priority within the Lincolnshire JHWS. The needs of Lincolnshire CYP and families, including emerging health inequalities, have and will continue to be considered in the commissioning and transformation of CYP mental health services. Some of the key considerations in relation to this are:

- Data shows that CYP will face a number of life challenges that make them likely to need support for their emotional wellbeing, and/or behavioural concerns. This is likely to be further exacerbated by the Covid-19 pandemic.
- We know based on NHSE returns that only around 35% of all CYP in Lincolnshire who are expected to need mental health support are receiving it. Even taking into consideration the maximum number of CYP that MHSTs will be able to support, there are still a significant percentage of CYP not accessing any mental health support that have a need.
- The number of Lincolnshire CYP with SEND who require an EHC assessment or ECHP has risen above East Midlands and England averages. Extensive work has already been undertaken to understand this and put plans in place to address this. Future commissioning of services must be aligned to the SEND Transformation project and the Building Communities of Specialist Provision strategy, with services working in partnership to better support CYP with SEND.
- There are a range of health inequalities associated with children and young people's access to mental health support, which includes by: age, gender, ethnicity, socioeconomic status, disability, Looked After Children, and CYP engaged

within the criminal justice system. We know that MHSTs are currently being targeted (as per NHSE requirements) around areas of higher need and health inequality, e.g. more deprived areas, areas with higher levels of BAME population and areas where youth offending is more prevalent. National evidence tells us that all these groups are less likely to self-refer to mental health services and so through open access and much more focused delivery in schools they will be more likely to access support, further increasing access numbers, rather than reducing those already seeking support through HML. This further supports the fact that we need to increase provision so that if CYP need mental health support it is available for them to access easily and in a timely manner.

### Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

Specialist support is provided through CAMHS for high-risk young people with complex needs (Community Forensic CAMHS); Psychologists and Speech and Language Therapists support the complex needs of young people in the justice system, who do not meet standard diagnostic criteria, to improve pathways between local services and reduce out of area placements and reliance on admission to secure care.

The recommendations in this report do not change or impact the continuation of this provision.

### **3. Conclusion**

- 3.1 This report recommends a single s75 Partnership Agreement with LPFT to deliver CYP mental health services. It also recommends that the Council enters into a s75 Agreement with Lincolnshire's NHS commissioning body from 1 September 2022 for up to five years to pool Local Authority and NHS funding and confer the lead commissioning function on the Council in relation to all CYP mental health services.
- 3.2 This funding would include Council funding of:
- £724,589 towards specialist CAMHS to support delivery against the Council's statutory duties.
  - £1.m from the Public Health Grant towards HML mental health promotion, prevention and training.
  - Initial diversion of approximately £140,000 per annum from the DSG for HML early intervention support (based on the estimates shown in the table at 1.40) with full diversion of this funding by March 2024.

- 3.3 The pooled funding would also include NHS funding:
- NHS Lincolnshire CCG funding will continue to be agreed annually in line with NHS allocations process, discussions are already taking place to match the £1.m being diverted back to the DSG.
  - NHSE (Health and Justice) funding towards the Framework for Integrated Care/Complex Needs Service.
  - NHSE funding for the currently planned waves of MHST.
- 3.4 A rapid review of early intervention support will be prioritised in early 2022 so that an interim hybrid HML/MHST model can be developed, designed and implemented in partnership with LPFT and the CCG by September 2022, alongside the commencement of the new single s75 agreement.
- 3.5 A wholesale review and transformation programme of CYP mental health services in Lincolnshire will be undertaken starting in 2022, led by the Children's Integrated Commissioning Team working in partnership with the Council's Children's Services Commissioning Team, the CCG, LPFT and wider ICS colleagues.
- 3.6 This review will allow partners to fully understand the impacts of the pandemic on CYP mental health services, including newly highlighted health inequalities, and enable planning for longer-term transformation of these services in Lincolnshire to better meet the needs of CYP, families and professionals and co-produce services that will deliver better outcomes for more of our CYP.
- 3.7 The report recommends a delegation to the Executive Director of Children's Services in consultation with the Executive Councillor for Children's Services, Community Safety and Procurement and working with the Lincolnshire's NHS commissioning body, to approve the final form of any agreements, the profile of funding diversion, the hybrid model of HML/MHSTs and allow them to make future decisions about the future model and use of funding over the five years of the new agreement for CYP mental health services.

#### **4. Legal Comments:**

The Council has the power to enter into the Agreements proposed.

The legal requirements relating to the making of partnership arrangements are set out in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive.

## **5. Resource Comments:**

The recommendation to enter into a single s75 agreement with Lincolnshire's NHS commissioning body from 1 September 2022 for up to five years will allow the pooling of Council and NHS funding to ensure the delivery of CYP Mental Health provision and will allow the flexibility for services to be transformed to better meet the needs of children, young people and families.

The Council has base budgets in place to continue funding the current contribution for CAMHS or the Healthy Minds Lincolnshire contract (the element funded by the Public Health grant). The changing landscape and introduction of MHSTs funded through NHS England provide an opportune time to review the High Needs block contribution from the Dedicated Schools Grant (DSG) for HML. The DSG contribution supported its rollout of HML and its delivery, however the financial position on the High Needs block has changed with more young people requiring specialist support, therefore establishing a sustainable budget going forward is imperative.

## **6. Consultation**

### **a) Has Local Member Been Consulted?**

n/a

### **b) Has Executive Councillor Been Consulted?**

Yes

### **c) Scrutiny Comments**

The decision is being considered by the Children and Young People Scrutiny Committee on 4 March 2022 and the comments of the Committee will be reported to the Executive.

### **d) Risks and Impact Analysis**

Risks:

- Loss of staff in services who may be nervous about service changes and seek alternative employment. This will be mitigated by working in partnership with LPFT to clearly articulate that the expertise of staff is needed across CYP mental health services although some roles may change and some re-deployment may be needed.
- Two-tier fragmented model for Lincolnshire schools and pupils based on geography. This will be mitigated by working in partnership with LPFT and the CCG through the wider review to develop a hybrid model that allows greater integration between HML and MHSTs. Should additional funding to support a more integrated model be required, the Council will work with the CCG to determine where this could be sourced recurrently.
- Increased waiting times and reduced HML capacity in areas where MHSTs are undertaking their training year and not yet fully embedded when DSG funding has been fully diverted. This will be mitigated by working in partnership with LPFT

and the Lincolnshire CCG through the wider review to ensure sharing of expertise across the CYP mental health and emotional wellbeing services, including an increased virtual offer where appropriate, to ensure Lincolnshire CYP receive timely support for their emotional wellbeing and mental health concerns.

- Further outbreaks or variants of Covid may cause disruption particularly to LPFT and the CCG, meaning they cannot or may be delayed in engaging in the scale of work required to transform CYP mental health services.

Impact/benefits:

- Will help to reduce the pressure on the DSG and support the Council in meeting its statutory duties in relation to meeting the needs of vulnerable CYP, including CYP with SEND.
- Will enable the phased diversion of DSG funding back into the high needs block to be proportionate to the wider roll out of MHSTs in Lincolnshire.
- Will support the Council to work in partnership with LPFT and the Lincolnshire CCG to maximise the best use of available resources across all CYP mental health and emotional wellbeing services and minimise duplication.
- Will allow for a more integrated model to be developed between Healthy Minds Lincolnshire and MHSTs as part of the wider review of emotional wellbeing and mental health services for CYP.

## **7. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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